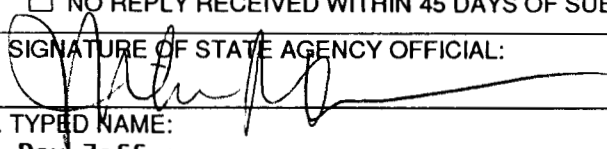



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 3 — 0 0 6</u>	2. STATE: <b>Arkansas</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>May 1, 2003</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 Code of Federal Regulations 440.167</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> \$ <u>-0-</u> b. FFY <u>2004</u> \$ <u>-0-</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-A, Page 10a</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Same, Approved 04-17-02, TN 02-04</b>	
10. SUBJECT OF AMENDMENT: <b>The Arkansas Title XIX (Medicaid) State Plan has been amended to:</b> <b>1) delete definitions of personal care service in locations outside the client's home;</b> <b>2) specify that a service plan must meet the State's criteria; and 3) define "a member of the individual's family".</b>			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Division of Medical Services P. O. Box 1437 Little Rock, AR 72203-1437  Attention: Binnie Alberius Slot S295	
13. TYPED NAME: <b>Roy Jeffus</b>			
14. TITLE: <b>Interim Director, Div. of Medical Services</b>			
15. DATE SUBMITTED: <b>February 10, 2003</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>14 FEBRUARY 2003</b>		18. DATE APPROVED: <b>5 MAY 2003</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 MAY 2003</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>ANDREW A. FREDRICKSON</b>		22. TITLE: <b>ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID</b>	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 10a

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: May 1, 2003

CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Not provided.

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

**Personal care services are furnished in accordance with a service plan that must meet the State's written criteria and is authorized by a physician.**

**For individuals aged 21 and older, personal care services are furnished in the individual's home and, at the State's option, in other locations.**

**The State defines "a member of the individual's family" as**

1. A spouse.
2. A minor's parent, stepparent, foster parent or anyone acting as a minor's parent.
3. A minor's "guardian of the person" or anyone acting as a minor's "guardian of the person".
4. An adult's "guardian of the person" or anyone acting as an adult's "guardian of the person".

Personal care services are medically necessary, prescribed services to assist clients with their physical dependency needs. Personal care services involve "hands-on" assistance, by a personal care aide, with a client's physical dependency needs (as opposed to purely housekeeping services). The tasks the aide performs are similar to those that a nurses aide would normally perform if the client were in a hospital or nursing facility.

For individuals under age 21, personal care services are provided in the client's home or other locations as mandated by the Omnibus Budget Reconciliation Act (OBRA) of 1993. Effective for dates of service on or after December 1, 1997, prior authorization is required.

Personal care services are covered for categorically needy individuals only.

Effective for dates of service on or after April 1, 2002, for services beyond 64 hours per calendar month, per recipient over age 21, the provider must request an extension. Extensions of the benefit limit will be provided for recipients over age 21 if determined medically necessary.

SUPERSEDES: TN- 02-04

STATE <u>Arkansas</u>	A
DATE REC'D <u>14 Feb 03</u>	
DATE APP'D <u>5 May 03</u>	
DATE EFF <u>1 May 03</u>	
HCFA 179 <u>AR 03-06</u>	